

Prediction of Atherosclerosis Development by Modeling the Metabolism of Lipoproteins

By

Tiankai Zhang

A thesis submitted to Johns Hopkins University in conformity with the requirements for
the degree of Master of Science in Engineering

Baltimore, Maryland

May, 2019

Abstract

Atherosclerosis is the disease related to coronary heart disease and stroke. The initiation of atherosclerosis is induced by physical stimuli which is shear stress on the endothelial cells and by endothelial activation. Development of atherosclerosis and foam cell formation is highly related to lipoprotein metabolism especially the concentration of oxidized low density lipoprotein(oxLDL).

This essay presents an in-depth review of lipoprotein metabolism, including how chylomicron and chylomicron remnant works, how ApoB100 lipoprotein (VLDL, IDL and LDL) works, how high density lipoprotein(HDL) and reverse cholesterol transport works, and how these lipoproteins interact with each other. Moreover, other species and process which play the important role in lipoprotein metabolism such as lipoprotein lipase and beta-oxidation are reviewed.

Then a model of lipoprotein metabolism based on plasma, liver, adipose and muscle compartment is presented. This model was used to analyze how the composition of dietary fat affects oxLDL concentration.

Palm oil, olive oil and corn oil (enriched in saturated, monounsaturated and omega-6 fatty acids) were used as impacts. The result shows that corn oil has the largest amount of both double bond and oxidized double bond after meals which suggests that corn oil and other polyunsaturated fats are related to atherosclerosis.

Thesis Committee

Marc D. Donohue, Professor of Chemical and Biomolecular Engineering

Gregory Aranovich, Principle Research Scientist of Chemical and Biomolecular Engineering

Acknowledgements

I would like to express my sincere gratitude to Professor Donohue for the continuous support of my Master degree study and related research, for his patience, motivation and immense knowledge. I learned pharmacokinetics, pharmacodynamics and lipoprotein metabolism from Professor Donohue's teaching. His guidance helped me in all the time of research and writing this essay.

I would like to thank the other committee member of my thesis presentation, Dr. Aranovich, for his insight comments and encouragements.

In addition, I would like to thank other students Denis Routkevitch, Gabriella Russo, Victoria Laney, Mingxue Jia and Junyi Rao.

Lastly, I would like to thank my parents for supporting me spiritually throughout writing this essay and my Master degree study.

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Chapter 1. Introduction

1.1 Atherosclerosis

1.1.1 Overview

Atherosclerosis, a disease in which plaques accumulate in subendothelial space, or in tunica intima of arteries, is considered as the main factor of peripheral artery disease, coronary artery disease and stroke.^{1,2} Atherosclerotic plaque consists of connective tissue, lipids, macrophage cells and immune cells.^{3,4} The overall atherosclerosis process can be divided into several key stages.⁵

1.1.2 Initiation

Initiation of atherosclerosis is due to endothelial dysfunction which leads normal endothelial cells lines to become compromised and proinflammatory.⁶ There are several factors that promote endothelial dysfunction including endothelial activation, physical stimuli (shear stress) and cytokines. Endothelial activation, by definition, is the increased expression of cell surface adherence proteins such as vascular cell adhesion molecule 1(VCAM-1).^{5,7} Endothelial activation is induced primarily by nuclear factor kappa B(NF- κ B) which is a group of transcription factors and its activation depend on cytokines.⁸ The physical stimulus that promotes endothelial dysfunction is the turbulent flow which commonly occurs at branches and curves of artery whereas lamina flow usually occurs at straight smooth artery wall, and this makes branches and curves in arteries more susceptible to endothelial dysfunction.^{9,10}

1.1.3 Development and form cell formation

Endothelial dysfunction will lead to relatively high probability of recruitment, adhesion and migration of monocytes into local subendothelial space due to the increased factors including adhesion proteins and attractant factors.¹¹⁻¹⁴ Monocytes in the subendothelial space then differentiate into macrophages. In artery intima, Macrophages recognize apoB-containing lipoproteins including low density lipoprotein(LDL), intermediate density lipoprotein(IDL), very low density lipoprotein(VLDL) remnant and chylomicron(CM) by endocytosis through LDL receptors(LDLR) on the surface of macrophages. After uptake, the cholesterol ester(CE) from apoB-containing lipoproteins is hydrolyzed in the lysosomes of macrophages to free cholesterol(FC) which is delivered to the endoplasmic reticulum. In endoplasmic reticulum, FC is esterified to CE.^{15,16} The produced CE is stored in the form of droplets. The number and size of droplets inside macrophages is the main indicator of whether these macrophages are converted to foam cells.¹⁷ Formation of foam cells which have excess CE droplets inside is the next step in monocyte recruitment in the overall atherosclerosis process. In normal macrophages, accumulating CE in endoplasmic reticulum triggers reduced endocytosis of ApoB-containing lipoproteins by downregulating the LDLR in order to prevent foam cell formation. But this CE control mechanism only works for LDLR endocytosis process. Modified ApoB-containing lipoproteins especially oxidized LDL(oxLDL) are preferentially bound by specific scavenger receptors such as CD36 which are not affected by the macrophage CE control mechanism.^{18,19} The increased amount of modified ApoB-containing lipoproteins, or increased oxLDL, results in excessive accumulation CE droplets inside macrophages and eventually promotes foam cell formation.

1.1.4 Inflammation and thrombus

As the number of foam cells increases, the chemoattractant and growth factors derived from foam cells also increase.^{20–23} These chemoattractant and growth factors enhance the infiltration of vascular smooth muscle cells(VSMCs) into the tunica intima from the tunica media. The infiltrated VSMCs then proliferate and form a fibrous cap that covers the foam cells.²⁴ When the foam cells accumulations area gets large enough, it leads to macrophages death and efferocytosis to produce a necrotic core inside the area.^{25,26} In the stable state, the necrotic core is small and the fibrous cap is thick enough to prevent rupture. The appearance of specific inflammatory factors, with increasing age, enlarges the necrotic core by converting the foam cells to their proinflammatory phenotype and increases their susceptibility to apoptosis. Meanwhile, the specific inflammatory factors also weaker the fibrous cap which results in a high possibility of rupture.^{27,28} The combination of attenuated fibrous cap and extended necrotic core eventually cause the rupture and thrombus by releasing procoagulation components into the lumen from necrotic core.^{29,30}

1.2 Lipoprotein

1.2.1 Overview

Lipoproteins are the primary transporters that deliver cholesterol, triglycerides and other nutrients from blood to tissues. Lipoproteins are classified into Chylomicron, very-low-density lipoprotein(VLDL), intermediate- low-density lipoprotein(IDL), low-density-lipoprotein(LDL) and high-density-lipoprotein(HDL) according to their density. Each lipoprotein has a hydrophobic core which is comprised of cholesterol ester(CE) and triglyceride(TG), and hydrophilic monolayer membrane which is comprised of phospholipid(PL), free cholesterol(FC)

and one or more apolipoproteins. Different types of apolipoproteins including ApoA1, ApoB48, ApoB100, ApoC2, ApoC3 and ApoE penetrate the surface of lipoproteins as transmembrane proteins.

1.2.2 Species in Lipoproteins

Triglycerides are composed of one glycerol and three fatty acids molecules. It is an essential component of body fat storage for energy and plays a key role in beta-oxidation to produce Acetyl-CoA. Cholesterol is a type of sterol. It is used to synthesize hormones as well as to contain cell membrane fluidity. Cholesterol ester is the esterified molecule of cholesterol which consists of one cholesterol molecule combined with one fatty acid molecule.

Phospholipid, the main element of cell membrane besides cholesterol, is made by one glycerol molecule, two fatty acid molecules and a phosphate group.

1.2.3 Apolipoproteins in Lipoproteins

ApoA1 is the main protein of pre-HDL and mature HDL. It is produced in the liver and intestine so ApoA1 also is found in chylomicrons. It associates with lecithin cholesterol acyltransferase(LCAT), scavenger receptor1(SR-B1) and ATP-binding cassette protein A1(ABCA1) during the reverse cholesterol transport process. ApoB48 is the main protein in the chylomicrons and chylomicron remnants and is produced in intestine. Each chylomicron or chylomicron remnant only has one ApoB48. ApoB100 is produced in the liver and exists in VLDL, IDL and LDL. It mediates lipoprotein endocytosis via recognition by LDL receptor. There is only one ApoB100 in each VLDL/IDL/LDL. ApoC2 and ApoC3 are the activator and inhibitor of lipoprotein lipase(LPL) that mediate triglyceride hydrolysis process. Both ApoC2

and ApoC3 exist in HDL, VLDL and chylomicron.^{31,32} ApoE, exists in IDL, chylomicron remnant and HDL, has the major function promoting lipoprotein endocytosis since it is recognized by LDL receptor.

	CM	VLDL	IDL	LDL	HDL
Volume (L)	8.17E-15	8.70E-17	1.40E-17	8.17E-18	3.20E-19
Mass (g)	7.60E-12	8.70E-14	1.40E-14	8.50E-15	3.52E-19
Concentration (nmol/L)	70	90	100	1200	34000
Molecular Weight (g/mol)	1.50E6	4.00E6	3.50E6	2.75E6	1.75E5
TG (g)	0.4515	0.99	0.316	0.99	1.49
PL (g)	0.03675	0.324	0.261	3.63	9.82
CE (g)	0.021	0.216	0.399	6.93	5.06
FC (g)	0.0105	0.126	0.124	1.32	1.49
Apolipoprotein	ApoB48, ApoA, ApoC, ApoE	ApoB100, ApoC, ApoE	ApoB100, ApoC, ApoE	ApoB100, ApoE	ApoA, ApoC ApoE

Table 1. Physical properties and apolipoproteins in the lipoproteins³³

1.2.4 Chylomicrons and Chylomicrons Remnants

Chylomicrons play a key role in transporting dietary fat from intestine to diverse organs. Dietary triglycerides are first hydrolyzed to fatty acids by intestinal lipase in the intestinal lumen. Then intestinal cells uptake fatty acids and cholesterol and transfer them to triglyceride and cholesterol ester for further circulation. Triglycerides synthesis requires monoacylglycerol

acyltransferase(MGAT) and diacylglycerol acyltransferase(DGTA) and cholesterol ester synthesis requires ABCA1 in the intestinal cells.³⁴ Triglycerides, cholesterol esters, ApoB48, ApoA1 and other components are assembled in the endoplasmic reticulum with the help of microsomal triglyceride transfer protein(MTP).³⁵ Then chylomicrons are secreted to lymph and finally transported to plasma through thoracic duct.^{36,37} In the plasma, chylomicrons acquire ApoC and ApoE from HDL by cholesterol ester transfer protein(CETP). In this CETP mediates exchange process, CETP also transfers cholesterol ester from HDL to chylomicron and transfers ApoA1 as well as triglyceride to HDL. The 'mature' chylomicrons that have all the apoproteins needed are then transported to different organs.³⁸ In muscle and adipose tissue, LPL is synthesized and attached on the capillary vessel wall. LPL hydrolyze triglyceride from chylomicron to free fatty acids with the help of ApoC2. Muscle cells and adipocytes uptake the produced free fatty acids by fatty acid transport protein(FATP) for further metabolism or storage. Once the triglyceride concentration inside chylomicron reaches around one fifth of its original amount, ApoC3 carried by chylomicrons will cease the hydrolysis and all the ApoC will dissociate. These chylomicrons with reduced triglycerides and only ApoB48 and ApoE are called chylomicron remnants.³⁹ LDL receptors on the surface of hepatocytes recognize and bind ApoE on the chylomicron remnants to promote the endocytosis.⁴⁰⁻⁴⁴

1.2.5 ApoB100-containing Lipoproteins

VLDL, IDL and LDL are the ApoB100-containing lipoproteins that deliver triglycerides and cholesterol from liver to other organs. Nascent VLDL is assembled in the hepatocyte endoplasmic reticulum utilizing the ApoB100, triglycerides, cholesterol esters, phospholipids and free cholesterol in the liver. The VLDL synthesis also requires MTP.^{45,46} After VLDL is

secreted into blood stream, it acquires ApoC and ApoE from HDL by CETP transferring. CETP also transfers cholesterol esters from HDL to VLDL and triglycerides from VLDL to HDL.⁴⁷ Like chylomicrons, triglycerides in VLDL undergo hydrolysis when VLDL binds to lipoprotein lipase with the help of ApoC2 in muscle and adipose capillaries. The free fatty acids produced then will be taken up by muscle cells and adipocytes for further utilization. The original mature VLDL particles are triglyceride-rich micelles with triglycerides being about 55% of the composition.⁴⁸ Once triglycerides in the VLDL are removed and drop to one third of original amount by lipoprotein lipase hydrolysis, the VLDL then becomes IDL and ApoC on the it will dissociate.⁴⁹ IDL in the blood stream is either endocytosed by the liver when ApoE on IDL binds to LDL receptors on hepatocytes, or further hydrolyzed by hepatic lipase(HL) in the plasma. The further hydrolyzed IDL has more triglycerides removed and becomes LDL which is a cholesterol ester-rich lipoprotein.⁵⁰ About 50% of the LDL compositions are cholesterol esters. When IDL becomes LDL, ApoE on its surface dissociates. Although LDL doesn't have ApoE on its surface, it could be endocytosed and cleared by LDL receptors since LDL receptors also recognize and bind ApoB100. However, the binding affinity between ApoB100 and LDL receptors is much lower than that between ApoE and LDL receptors. This results in a long retention time in the plasma for LDL since LDL receptors always preferentially bind IDL and chylomicron remnants or even VLDL and chylomicrons which have ApoE on their surfaces.^{51,52} Eventually, the long retention time of LDL makes LDL more susceptible to be taken up by macrophages or be modified to oxidized LDL(oxLDL) and induce further atherosclerosis.

1.2.6 High density lipoprotein

HDL plays an important role in the reverse cholesterol transport and cholesterol balance since HDL is the main carrier of cholesterol from peripheral tissues to the liver. HDL metabolism begins with the synthesis of ApoA1 with LCAT which mainly occurs in the liver. ApoA1 is the main structural and functional protein of HDL.^{53,54} Newly produced ApoA1 acquires cholesterol and phospholipid from peripheral tissues to form the nascent HDL with basic structure. This cholesterol and phospholipid efflux process requires ABCA1.⁵⁵ ABCA1 genes are expressed in diverse organs. The early extracted cholesterol from tissues to nascent HDL are free cholesterol that located on the surface of HDL. To become mature HDL with larger size and cholesterol ester core, LCAT inside HDL transfers a fatty acid from phospholipids to free cholesterol which results in cholesterol ester production in the core.⁵⁶ Apo A1 is the activator of LCAT.⁵⁷ The nascent HDL with enough cholesterol ester inside then becomes mature HDL. Besides the cholesterol extraction in the nascent stage with the assistance of ABCA1, mature HDL also can extract cholesterol and phospholipid from tissues by ATP-binding cassette transporter G1(ABCG1) and SR-B1, or even passive diffusion through the cell membrane.⁵⁸ In addition to cholesterol and phospholipid extraction, mature HDL has components exchange with chylomicron and VLDL via CETP. Cholesterol esters are transferred from HDL to ApoB containing lipoprotein and triglycerides are transferred from ApoB containing lipoprotein to HDL. The triglycerides in the HDL can be hydrolyzed by hepatic lipase. There are basically two ways for mature HDL to deliver cholesterol to liver. First, HDL binds to SR-B1 on the surface of hepatocytes. SR-B1 mediates the uptake process of cholesterol from HDL to the liver. SR-B1 is a bidirectional receptor since it mediates both efflux and influx of cholesterol between HDL and tissues.⁵⁹ The cholesterol empty HDL then will back into

circulation again. Another way for mature HDL to deliver cholesterol to liver is endocytosis because HDL has ApoE which can be recognized by LDL receptors on hepatocytes. All the components of HDL then will be utilized by liver. HDL is regarded as the beneficial micelle in the lipoproteins family contrary to LDL due to the reverse cholesterol transport function of HDL. However, besides reverse cholesterol transport, HDL also has the functions on anti-oxidation of LDL, vasodilatory promotion, anti-thrombosis, cell apoptosis reduction and anti-inflammation.⁶⁰

1.3 Lipoprotein lipase and hepatic lipase

Lipoprotein lipase is the enzyme mainly produced by adipose tissue and muscle. It is the enzyme for triglycerides hydrolysis of VLDL and chylomicron.⁶¹ In adipose tissue or muscle cells, inactive lipoprotein lipase is first assembled in the endoplasmic reticulum. Since lipoprotein lipase is a homodimer, the assembly process includes dimerization and glycosylation.^{62,63} Then the inactive assembled lipoprotein lipase is delivered to Golgi apparatus for activation. After activation, lipoprotein is secreted and transported to the surface of vascular endothelial cells. On the vascular wall, lipoprotein lipase attaches the surface by binding to heparin sulfate proteoglycan(HSPG), which is multifunctional glycoprotein containing covalently attached heparan sulfate chains.^{64,65} HSPG, located on the cell surfaces, has the functions including constituting cell membrane, maintaining proteases, and binding cytokines or growth factors.⁶⁶ To hydrolyze triglycerides inside lipoprotein, lipoprotein lipase also requires ApoC2 as a co-factor. Lipoprotein lipase is regulated by diverse factors. It is regulated during transcription and translation processes. Life stage, fasting as well as insulin level also play an important role in lipoprotein lipase activity regulation. For example, there is liver expression of lipoprotein lipase during fetal stage of humans while there is no liver expression for adults.

During fasting, the lipoprotein lipase activity is low in adipose tissue while it is high in muscle and heart tissue. When eating, in contrast, the lipoprotein lipase activity is high in adipose tissue but it is relatively low in heart and muscle tissue.⁶⁷ Insulin as well as glucose has the effect on increasing lipoprotein lipase activity in adipose tissue.^{68,69} Hepatic lipase is another member of lipolytic enzyme family which is mainly produced in the liver. Hepatic lipase is the main triglycerides-hydrolysis enzyme for IDL and HDL. Similar to lipoprotein lipase, hepatic lipase is assembled in the endoplasmic reticulum and Golgi apparatus and attached to HSPG on the surface of liver endothelial cells.⁷⁰ But the surface of endothelial cell is not the only effective site of hepatic lipase, it could be dissociated by HDL and be active in the circulation system. The activity of circulating hepatic lipase is associated with both HDL and fasting.^{71,72} In the feeding state, most ApoE on HDL are transferred to VLDL by CETP, and the ApoE-deficient HDL has a high affinity to associate with hepatic lipase and release hepatic lipase from surface of liver endothelial cells. After releasing, the hepatic lipase associated with HDL is inactive, and its activation and dissociation from HDL depends on plasma electrostatic situation. When eating, intake of free fatty acids increases the negative charge in plasma which then promotes the activation and dissociation of HDL-bound hepatic lipase. While in fasting, ApoE-rich HDL has a low affinity to hepatic lipase and cannot release it from the surface of liver endothelial cells.⁷³⁻⁷⁵

1.4 Fatty acids and beta oxidation

In people's daily diet, fatty acids are mainly from intake of animal fats and vegetable oils. Fatty acids from diverse resources are divided into several types based on chemical structure. Fatty acids can be broadly divided into saturated fatty acids and unsaturated fatty acids based on whether there is double bonds in long carbon chains. Saturated fatty acids, by definition, don't

have any double bonds in long carbon chain. The most common saturated fatty acids are palmitic acid, lauric acid and stearic acid. Unsaturated fatty acids, contrary to saturated fatty acids, have one or more double bonds in carbon long chain, and it could be first classified by configuration. The unsaturated fatty acids that have trans geometric configuration are commonly referred as trans fats which were widely used in late twentieth century but have been recognized as harmful and coronary artery disease induced species in recent years. The unsaturated fatty acids that have cis geometric configuration could be further divided based on the numbers of double bonds in long carbon chain they have. Monounsaturated fatty acids have only one double bonds in their long carbon chain. There are two common types of monounsaturated fatty acids: omega-7 fatty acids and omega-9 fatty acids. Omega-7 fatty acids have the double bonds between seventh and eighth carbon in the long chain while omega-9 fatty acids have the double bonds between ninth and tenth carbon in the long chain. Common omega-7 fatty acids are palmitoleic acid and vaccenic acid and common omega-9 fatty acids are oleic acid and erucic acid. Polyunsaturated fatty acids have more than one double bonds in the long carbon chain and they are classified into omega-3 fatty acids and omega-6 fatty acids based on the position of first double bonds. Omega-3 fatty acids have the first double bonds between third and fourth carbon in the long chain and common omega-3 fatty acids are alpha-linolenic acids which are from plant and docosahexaenoic acids(DHA) which are from fish.⁷⁶ Omega-6 fatty acids have the first double bonds between sixth and seventh carbon in long chain and common omega-6 fatty acid is linoleic acid. In adipose and muscle tissue, fatty acids are mainly from hydrolysis of triglycerides delivered by lipoproteins, and fatty acids in these tissues whether stored as triglycerides by combining three fatty acids with one glycerol or go through beta-oxidation process.⁷⁷ In beta-oxidation, fatty acids with long chains are separated into several two-carbon units. Each two-

carbon unit reacts with co-enzyme A and produce an Acetyl-CoA which reacts as the initial reactants in citric acid cycle to produce ATP.^{78,79}

1.5 Oxidation of fatty acids and phospholipids in lipoprotein

In recent research, oxidized LDL takes place of LDL and becomes a more effective biomarker to predict cardiovascular disease since oxidized LDL has a more direct relationship with macrophages and species in intima where atherosclerosis develops. Measurements and experiments also show significant elevations of oxidized LDL in patients with coronary artery disease.^{80,81} The surface of lipoprotein mainly consists of phospholipid that has polyunsaturated fatty acid tails. Since the polyunsaturated fatty acids have the high susceptibility to oxidation by reactive oxygen species or free radicals, the polyunsaturated fatty acid easily become fatty acid radical by attaching free radical. Then fatty acid radical will react with molecular oxygen and produce peroxy fatty acid radical. Finally, peroxy fatty acid radical reacts with other unsaturated fatty acid to produce oxidized phospholipids or reactive lipid aldehydes such as malondialdehyde(MDA) which are able to modify apolipoproteins such as ApoB100.^{82,83} LDL with modified apolipoproteins cannot be recognized by LDL receptors and cleared by the lipoprotein circulating system so eventually these LDL with modified apolipoproteins will only be taken up by macrophage through scavenger receptors in intima and promote the development of atherosclerosis. LDL also can be oxidized by specific oxidase such as myeloperoxidase(MPO).⁸⁴ The oxidation process occurs almost always in the subendothelial space or intima where most antioxidant species don't exist.⁸⁵ Molecular antioxidants such as vitamin E and enzyme antioxidant such as paraoxonases(PON) all exist and circulate in the plasma so it is almost impossible for LDL to be oxidized in plasma.⁸⁶

Chapter 2. Modeling

2.1 Overview

Based on the lipid metabolism in the human body, we built a model for the circulation of lipoproteins. This model includes liver, muscle, adipose and plasma. The liver compartment takes chylomicron remnant which contains mainly triglycerides and abstracts cholesterol from HDL that is returned from tissue. Liver is also the compartment that produces VLDL which delivers triglycerides from liver to tissues. Muscle and adipose tissue are the main compartments that take up triglycerides in VLDL/IDL/LDL and hydrolyze triglycerides into fatty acids for further energy synthesis or for storage. Plasma is the media transports all types of lipoprotein.

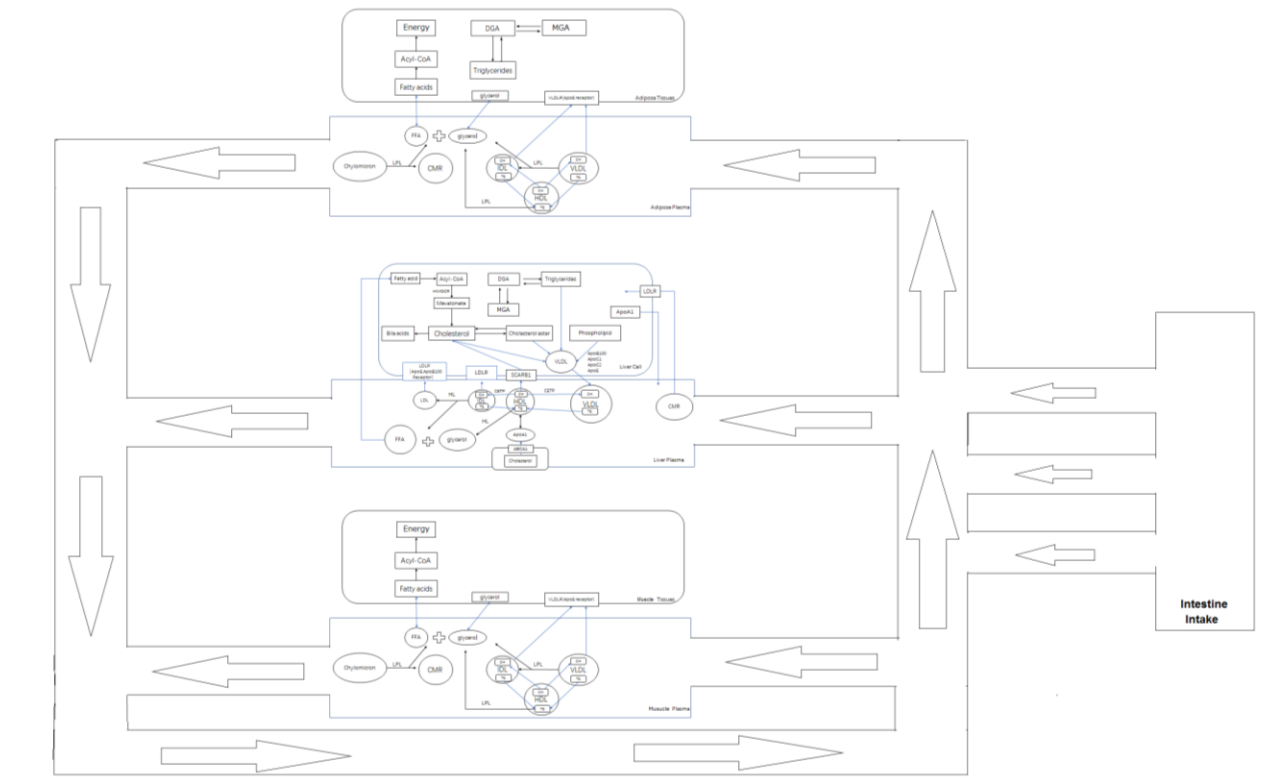


Figure 1. Overall diagram of compartments in the human body

The model includes all cholesterol-related metabolism processes and substances into a schematic for each tissue compartment. Based on the figure of each compartment, biology processes are

derived and then translated into reaction rate equations. Eventually, reaction rate equations from each compartment are combined and related together to develop an ODE model which is capable to model and approximate the concentrations of lipoproteins in the entire body.

2.2 Liver

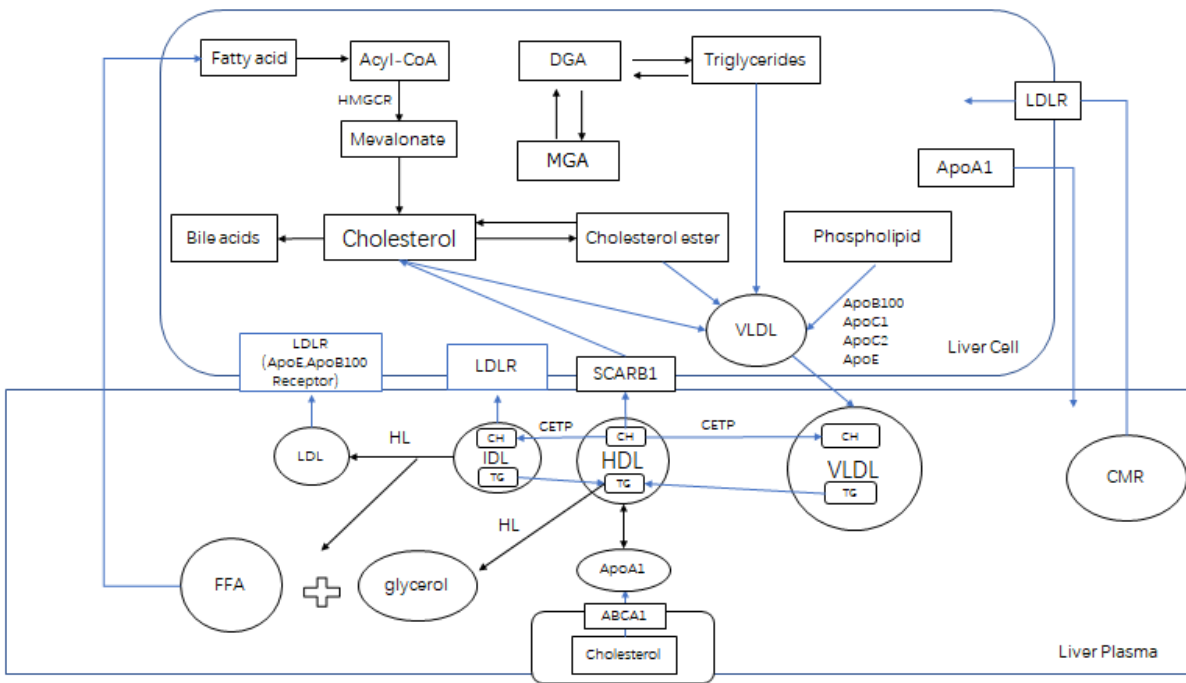


Figure 2. Diagram of liver compartment

Liver

1. Unsaturated triglyceride oxidation

Unsaturated triglyceride + [o] \longrightarrow oxidized triglyceride

2. Unsaturated cholesterol ester oxidation

Unsaturated cholesterol ester + [o] \longrightarrow oxidized cholesterol ester

3. Saturated triglyceride hydrolysis

Saturated triglyceride \longrightarrow 3 Saturated Fatty acids + Glycerol

4. Unsaturated triglyceride hydrolysis

Unsaturated triglyceride \longrightarrow 3 Unsaturated Fatty acids + Glycerol

5. Saturated cholesterol ester production

Cholesterol + Saturated Fatty acid \longrightarrow Saturated cholesterol ester

6. Unsaturated cholesterol ester production

Cholesterol + Unsaturated Fatty acid \longrightarrow Unsaturated cholesterol ester

7. MGA/DGA/TG balance

Fatty acid + Glycerol \longleftrightarrow Monoglyceride

Fatty acid + Monoglyceride \longleftrightarrow Diglyceride

Fatty acid + Diglyceride \longleftrightarrow Triglyceride

8. VLDL assembly

Triglyceride + Cholesterol ester + phospholipid + ApoB100 \longrightarrow VLDL

9. Beta-oxidation

Saturated Fatty acid \longrightarrow nAcetyl-CoA

Unsaturated Fatty acid \longrightarrow nAcetyl-CoA

10. Citric acid cycle

Acetyl-CoA \longrightarrow ATP

11. Mevalonate pathway

3Acetyl-CoA \longrightarrow Mevalonic acid

12. CETP transfer process

2Saturated triglyceride + Cholesterol ester loading CETP \longrightarrow Saturated triglyceride loading CETP + 2Cholesterol ester

2Unsaturated triglyceride + Cholesterol ester loading CETP \longrightarrow Unsaturated triglyceride loading CETP + 2Cholesterol ester

2Cholesterol ester + Saturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Saturated triglyceride

2Cholesterol ester + Unsaturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Unsaturated triglyceride

As figure 2 shows, the liver compartment is mainly divided into two sections, hepatocytes and hepatic capillary. In hepatic capillary, the processes included are VLDL metabolism, HDL metabolism and CETP exchange process. In VLDL metabolism, VLDL becomes IDL by giving

up triglycerides which are hydrolyzed by lipoprotein lipase, and IDL either becomes LDL by giving up triglycerides which are hydrolyzed by hepatic lipase, or IDL is directly endocytosed by LDL receptors. HDL is assembled by ApoA1 and cholesterol as well as phospholipids which are extracted from tissues, and eventually HDL is taken up by SR-B1. CETP transfers cholesterol esters from HDL to both VLDL/IDL and transfers triglycerides back to HDL from VLDL/IDL. In hepatocytes, the processes included are VLDL assembly, beta-oxidation and balance reaction among monoglycerides(MGA), diglycerides(DGA) and triglycerides. In VLDL assembly, triglycerides, phospholipids, cholesterol esters, cholesterol and specific apolipoproteins that exist in hepatocytes are utilized to synthesize VLDL. In beta-oxidation, fatty acids are utilized to produce Acetyl-CoA. Besides, there are also CMR/VLDL/IDL/LDL/HDL endocytosis and ApoA1 synthesis inside hepatocyte.

2.3 Adipose tissue

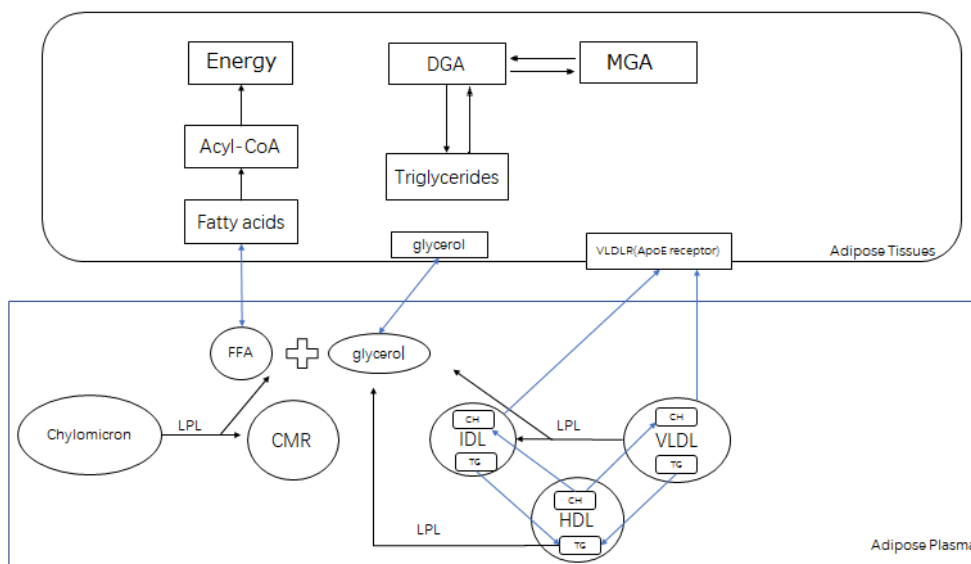


Figure 3. Diagram of adipose tissue

Adipose Tissue

1. Unsaturated triglyceride oxidation

Unsaturated triglyceride + [o] \longrightarrow oxidized triglyceride

2. Unsaturated cholesterol ester oxidation

Unsaturated cholesterol ester + [o] \longrightarrow oxidized cholesterol ester

3. Saturated triglyceride hydrolysis

(LPL)

Saturated triglyceride \longrightarrow 3 Saturated Fatty acids + Glycerol

4. Unsaturated triglyceride hydrolysis

Unsaturated triglyceride \longrightarrow 3 Unsaturated Fatty acids + Glycerol

5. Saturated cholesterol ester production

Cholesterol + Saturated Fatty acid \longrightarrow Saturated cholesterol ester

6. Unsaturated cholesterol ester production

Cholesterol + Unsaturated Fatty acid \longrightarrow Unsaturated cholesterol ester

7. MGA/DGA/TG balance

Fatty acid + Glycerol \longleftrightarrow Monoglyceride

Fatty acid + Monoglyceride \longleftrightarrow Diglyceride

Fatty acid + Diglyceride \longleftrightarrow Triglyceride

8. Beta-oxidation

Saturated Fatty acid \longrightarrow nAcetyl-CoA

Unsaturated Fatty acid \longrightarrow nAcetyl-CoA

9. Citric acid cycle

Acetyl-CoA \longrightarrow ATP

10. CETP transfer process

2Saturated triglyceride + Cholesterol ester loading CETP \longrightarrow Saturated triglyceride loading CETP + 2Cholesterol ester

2Unsaturated triglyceride + Cholesterol ester loading CETP \longrightarrow Unsaturated triglyceride loading CETP + 2Cholesterol ester

2Cholesterol ester + Saturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Saturated triglyceride

2Cholesterol ester + Unsaturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Unsaturated triglyceride

As figure 3 shows, the adipose compartment also is divided into two sections, adipose tissue and adipose capillary. In adipose capillary, the processes included are VLDL metabolism, chylomicron metabolism and CETP exchange process. In VLDL metabolism, VLDL becomes IDL by giving up triglycerides which are hydrolyzed by lipoprotein lipase, and IDL either

becomes LDL by giving up triglycerides which are hydrolyzed by hepatic lipase, or IDL is directly endocytosed by receptors. Chylomicron becomes chylomicron remnant by giving up triglycerides which are hydrolyzed by lipoprotein lipase. CETP transfers cholesterol esters from HDL to both VLDL/IDL and transfers triglycerides back to HDL from VLDL/IDL. In adipose tissue, the processes included are beta-oxidation and balance reaction among monoglycerides(MGA), diglycerides(DGA) and triglycerides. In beta-oxidation, fatty acids are utilized to produce Acetyl-CoA.

2.4 Muscle

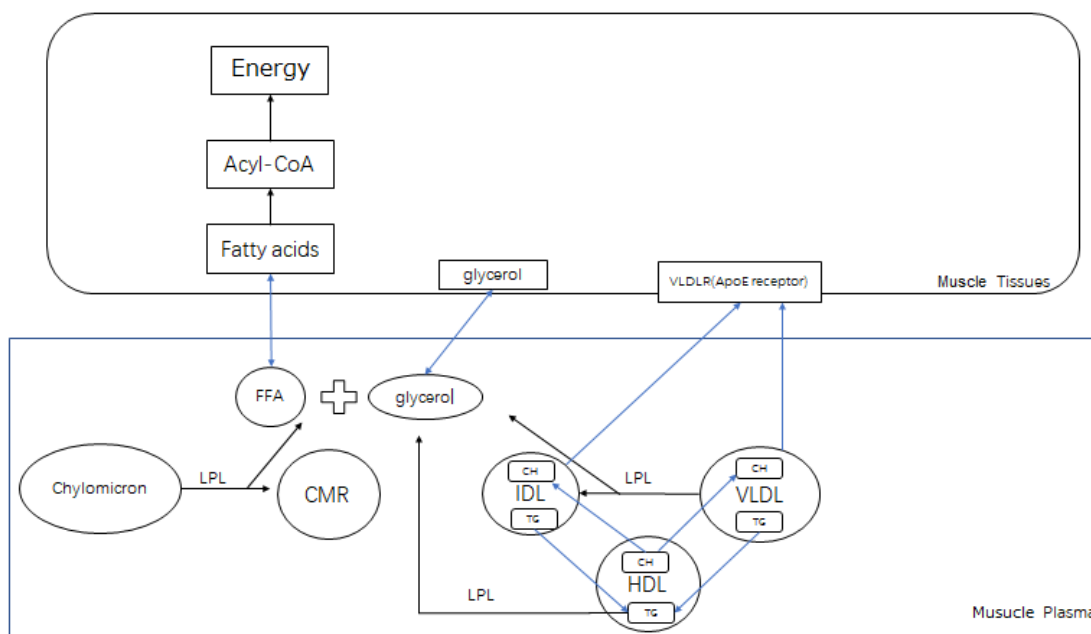


Figure 4. Diagram of muscle tissue

Muscle

1. Unsaturated triglyceride oxidation

Unsaturated triglyceride + [o] \longrightarrow oxidized triglyceride

2. Unsaturated cholesterol ester oxidation

Unsaturated cholesterol ester + [o] \longrightarrow oxidized cholesterol ester

3. Saturated triglyceride hydrolysis

Saturated triglyceride \longrightarrow 3 Saturated Fatty acids + Glycerol

4. Unsaturated triglyceride hydrolysis

Unsaturated triglyceride \longrightarrow 3 Unsaturated Fatty acids + Glycerol

5. Saturated cholesterol ester production

Cholesterol + Saturated Fatty acid \longrightarrow Saturated cholesterol ester

6. Unsaturated cholesterol ester production

Cholesterol + Unsaturated Fatty acid \longrightarrow Unsaturated cholesterol ester

7. Beta-oxidation

Saturated Fatty acid \longrightarrow nAcetyl-CoA

Unsaturated Fatty acid \longrightarrow nAcetyl-CoA

8. Citric acid cycle

Acetyl-CoA \longrightarrow ATP

9. CETP transfer process

2Saturated triglyceride + Cholesterol ester loading CETP \longrightarrow Saturated triglyceride loading CETP + 2Cholesterol ester

2Unsaturated triglyceride + Cholesterol ester loading CETP \longrightarrow Unsaturated triglyceride loading CETP + 2Cholesterol ester

2Cholesterol ester + Saturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Saturated triglyceride

2Cholesterol ester + Unsaturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Unsaturated triglyceride

As figure 4 shows, the muscle compartment also is divided into two sections, muscle tissue and muscle capillary. In muscle capillary, the processes included are VLDL metabolism, chylomicron metabolism and CETP exchange process. In VLDL metabolism, VLDL becomes IDL by giving up triglycerides which are hydrolyzed by lipoprotein lipase, and IDL either becomes LDL by giving up triglycerides which are hydrolyzed by hepatic lipase, or IDL is directly endocytosed by receptors. Chylomicron becomes chylomicron remnant by giving up triglycerides which are hydrolyzed by lipoprotein lipase. CETP transfers cholesterol esters from

HDL to both VLDL/IDL and transfers triglycerides back to HDL from VLDL/IDL. In muscle tissue, the processes included are beta-oxidation and balance reaction among monoglycerides(MGA), diglycerides(DGA) and triglycerides. In beta-oxidation, fatty acids are utilized to produce Acetyl-CoA.

Chapter 3. Results and Discussion

In daily diet, different types of fatty acids are taken is from different sources. In our model, palm oil, olive oil and corn oil (enriched in saturated, monounsaturated and omega-6 polyunsaturated fatty acids respectively) are included and discussed.

	Saturated fatty acids (%)	Monounsaturated fatty acids (%)	Omega-3 fatty acids (%)	Omega-6 fatty acids (%)
Palm oil	49.3	37	0.2	9.1
Olive oil	13.8	73	0.7	9.8
Corn oil	12.9	27.6	1	58

Table 2. Composition of different types of oil

One of the most important parameters need to be determined in our model is the synthesis rate of VLDL and it depends on both ApoB100 production rate and the triglycerides secretion rate in the VLDL assembly process which we found in López-Soldado et al. (2009).⁸⁷ With the intake amount of 40 mg for each type of oil, we derived fatty acid distribution in each organ in figure 5. Triglycerides in each organ reach the peak after around 2 hours of dietary intake, and muscle has about 4 times triglyceride as liver. Saturated and unsaturated triglycerides in VLDL for different types of oil are also shown. Corn oil has the highest peak of both saturated and unsaturated triglycerides.

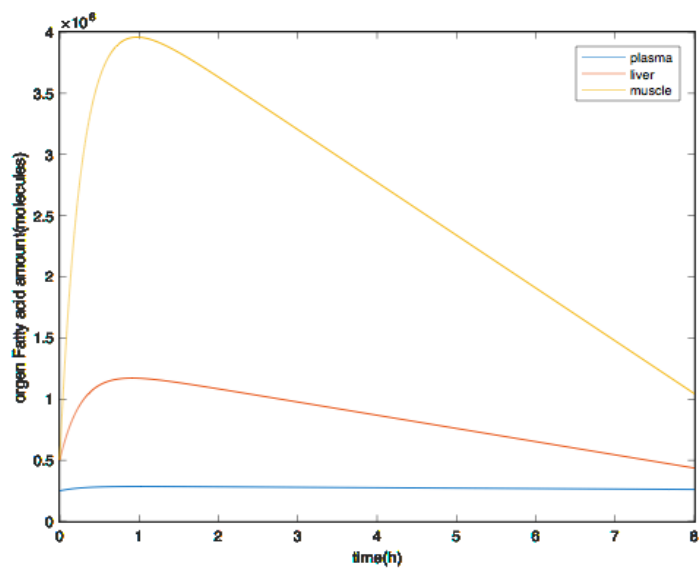


Figure 5. Number of triglycerides in organs

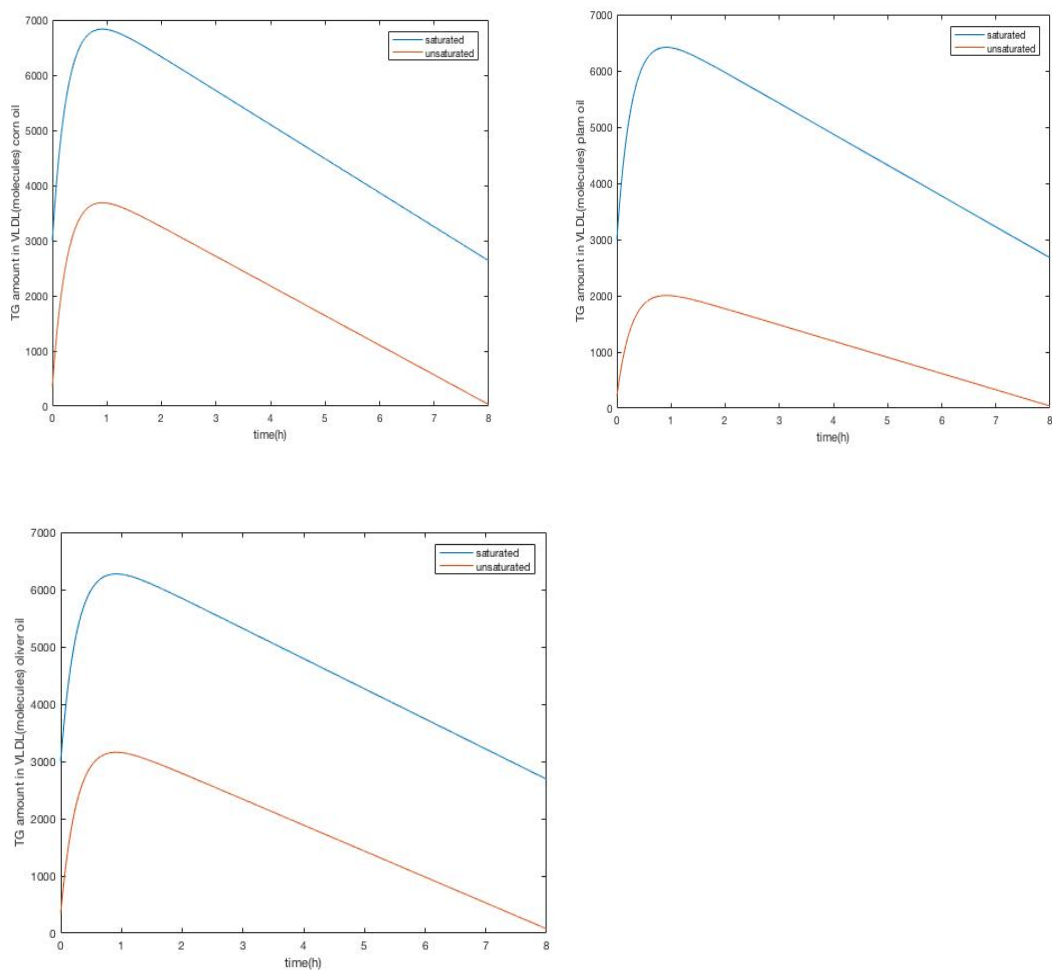


Figure 6. Total and unsaturated triglycerides in oils

Total and unsaturated cholesterol esters for all three types of oil are shown in figure 7. Total cholesterol ester for three oils are the same while unsaturated cholesterol ester for palm oil is less than that of corn oil and olive oil.

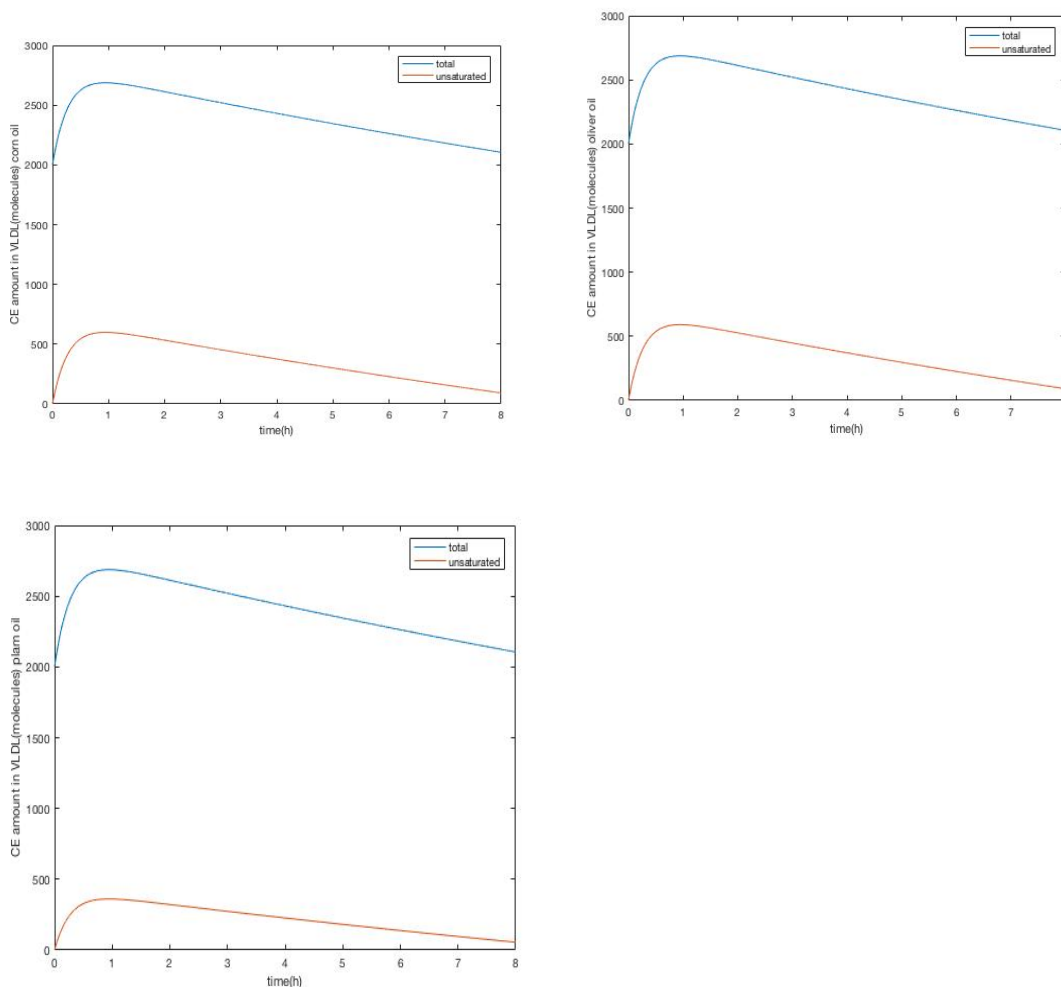


Figure 7. Total and unsaturated cholesterol ester in oils

Double bonds number of three types of oil are shown in figure 8. Corn oil has the maximum numbers of double bonds whereas palm oil has the least numbers of double bonds.

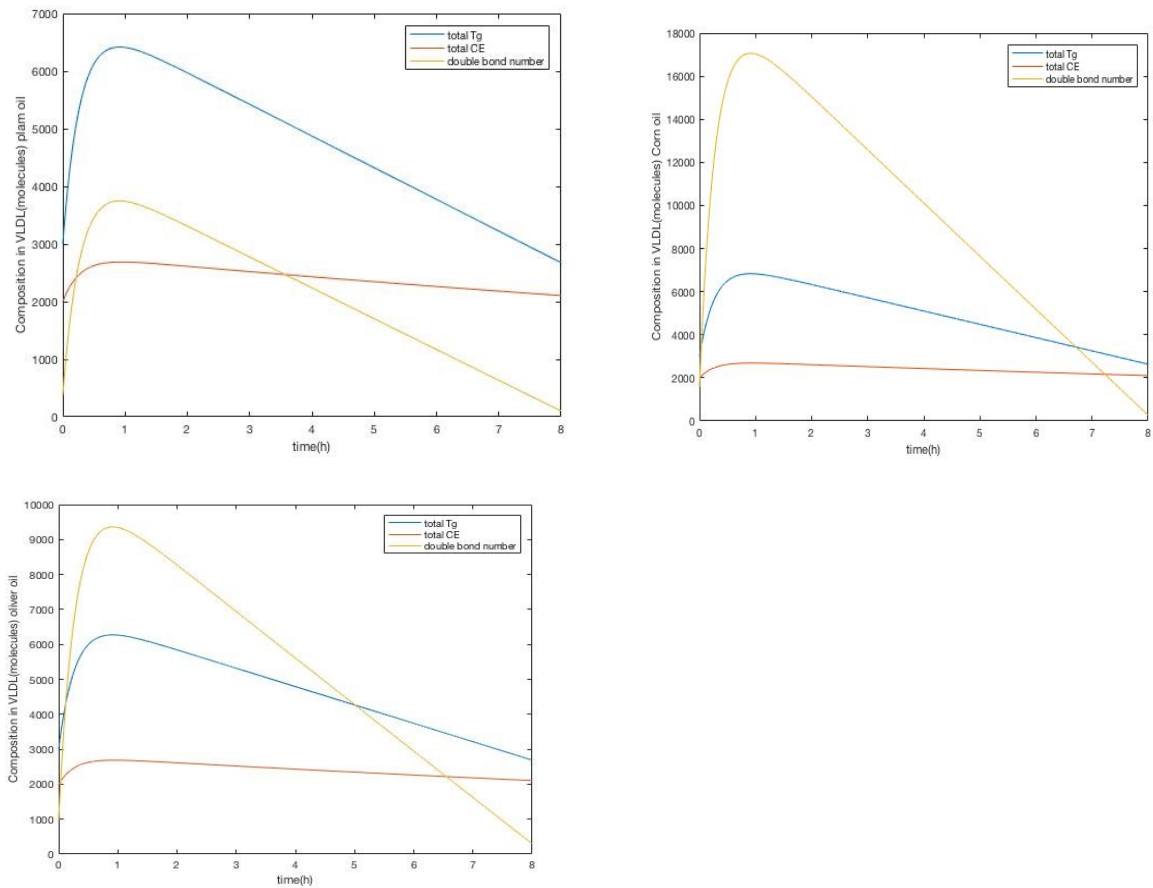


Figure 8. Double bonds number in oils

Figure 9 shows the oxidized double bonds in low triglyceride VLDL and figure 10 shows the oxidized double bonds in high triglyceride VLDL. Both in low triglyceride and high triglyceride VLDL, corn oil has the largest amount of oxidized double bonds while palm oil has the least number of oxidized double bonds.

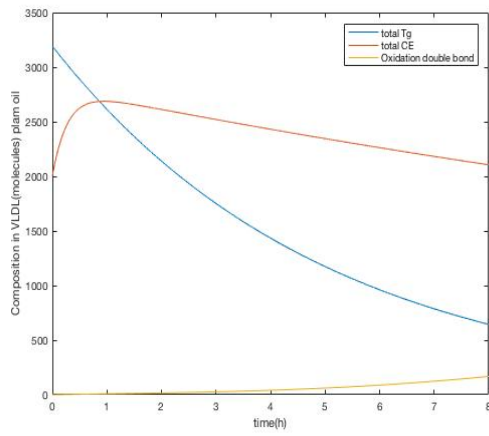
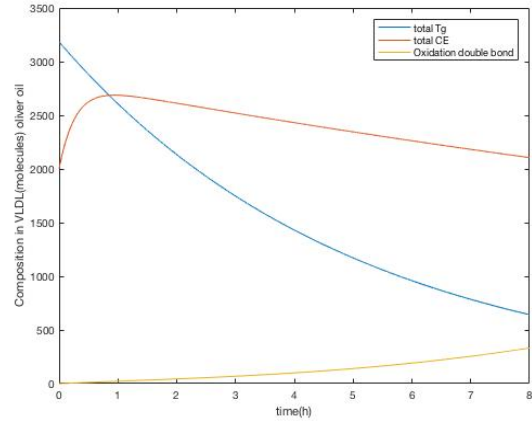
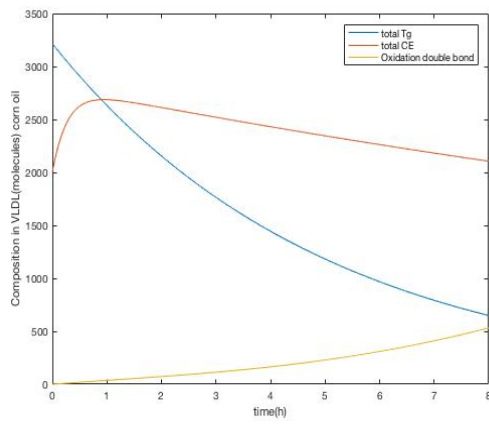
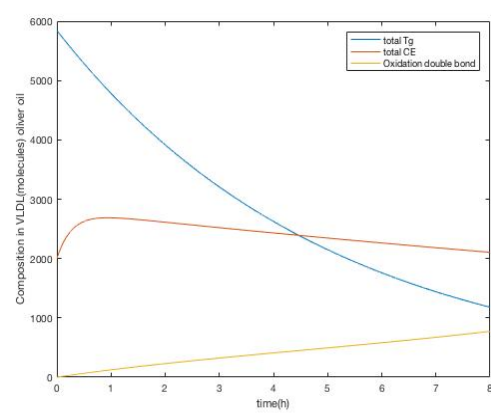
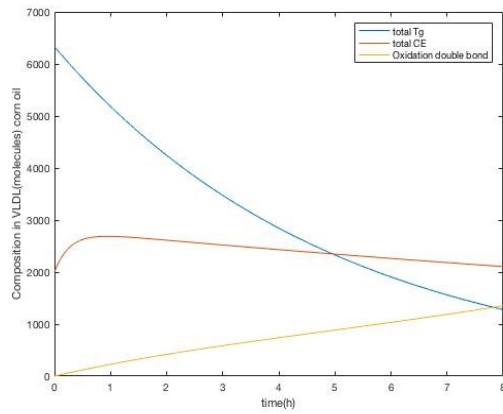


Figure 9. Oxidized double bonds in low triglyceride VLDL



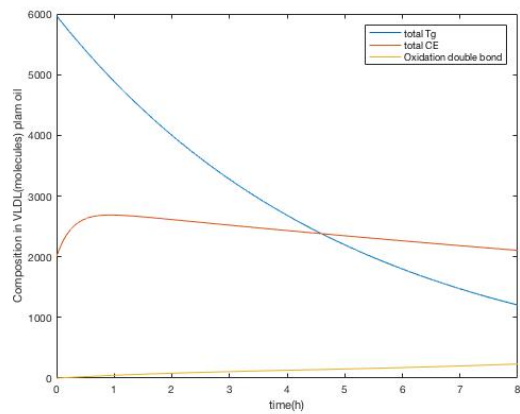


Figure 10. Oxidized double bonds in low triglyceride VLDL

Reference

- [1] Atherosclerosis. (n.d.). Retrieved from <https://www.nhlbi.nih.gov/health-topics/atherosclerosis>
- [2] Besa EV, Paola P, Gregory DM, Lynn R, Carole VD, Wim M, Guido M. (2017). “Animal models of atherosclerosis”. *European Journal of Pharmacology*, 816, 3-13. doi: 10.1016/j.ejphar.2017.05.010.
- [3] Oh J, Riek AE, Weng S, Petty M, Kim D, Colonna M, Cella M, Bernal-Mizrachi C (2012). "Endoplasmic reticulum stress controls M2 macrophage differentiation and foam cell formation". *Journal of Biological Chemistry*, 287 (15), 11629–41. doi:10.1074/jbc.M111.338673.
- [4] Hotamisligil GS (2010). "Endoplasmic reticulum stress and atherosclerosis". *Nature Medicine*, 16(4), 396–9. doi:10.1038/nm0410-396.
- [5] Linton MRF, Yancey PG, Davies SS, et al. The Role of Lipids and Lipoproteins in Atherosclerosis. 2019 Jan 3. In: Feingold KR, Anawalt B, Boyce A, et al., editors. Endotext [Internet]. South Dartmouth (MA): MDText.com, Inc.; 2000-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK343489/>
- [6] Gimbrone, M. A., Jr, & García-Cardena, G. (2012). “Vascular endothelium, hemodynamics, and the pathobiology of atherosclerosis”. *Cardiovascular pathology: the official journal of the Society for Cardiovascular Pathology*, 22(1), 9–15. doi: 10.1016/j.carpath.2012.06.006
- [7] Liao J. K. (2013). “Linking endothelial dysfunction with endothelial cell activation”. *The Journal of clinical investigation*, 123(2), 540–541. doi:10.1172/JCI66843
- [8] What is the NF-κB pathway. (n.d.). Retrieved from <https://www.mechanobio.info/what-is-mechanosignaling/signaling-pathways/what-is-the-nf-%CE%BAb-pathway/>
- [9] Davies P. F. (1995). “Flow-mediated endothelial mechanotransduction”. *Physiological reviews*, 75(3), 519–560. doi:10.1152/physrev.1995.75.3.519

- [10] GIMBRONE, M. A., TOPPER, J. N., NAGEL, T., ANDERSON, K. R. and GARCIA-CARDENÁ, G. (2000). "Endothelial Dysfunction, Hemodynamic Forces, and Atherogenesis". *Annals of the New York Academy of Sciences*, 902, 230-240. doi:10.1111/j.1749-6632.2000.tb06318.x
- [11] Galkina E, Ley K. "Vascular adhesion molecules in atherosclerosis". (2007). *Arteriosclerosis, thrombosis, and vascular biology*, 27, 2292–2301. doi:10.1161/ATVBAHA.107.149179.
- [12] Su, Y., Lei, X., Wu, L., & Liu, L. (2012). "The role of endothelial cell adhesion molecules P-selectin, E-selectin and intercellular adhesion molecule-1 in leucocyte recruitment induced by exogenous methylglyoxal". *Immunology*, 137(1), 65–79. doi:10.1111/j.1365-2567.2012.03608.x
- [13] Norman, M. U., Van De Velde, N. C., Timoshanko, J. R., Issekutz, A., & Hickey, M. J. (2003). "Overlapping roles of endothelial selectins and vascular cell adhesion molecule-1 in immune complex-induced leukocyte recruitment in the cremasteric microvasculature". *The American journal of pathology*, 163(4), 1491–1503. doi:10.1016/S0002-9440(10)63506-7
- [14] Norman, M. U., Lister, K. J., Yang, Y. H., Issekutz, A., & Hickey, M. J. (2005). "TNF regulates leukocyte-endothelial cell interactions and microvascular dysfunction during immune complex-mediated inflammation". *British journal of pharmacology*, 144(2), 265–274. doi: 10.1038/sj.bjp.0706081
- [15] Brown, M. S., Goldstein, J. L., Krieger, M., Ho, Y. K., & Anderson, R. G. (1979). "Reversible accumulation of cholesteryl esters in macrophages incubated with acetylated lipoproteins". *The Journal of cell biology*, 82(3), 597–613.
- [16] Brown, M. S., Goldstein, J. L. (1983) "Lipoprotein metabolism in the macrophage: implications for cholesterol deposition in atherosclerosis". *Annual Review of Biochemistry*, 52, 223–261. doi:10.1146/annurev.bi.52.070183.001255
- [17] Rogacev KS, Cremers B, Zawada AM, Seiler S, Binder N, Ege P, Grosse-Dunker G, Heisel I, Hornof F, Jeken J, Rebling NM, Ulrich C, Scheller B, Bohm M, Fliser D, Heine GH. "CD14++CD16+

monocytes independently predict cardiovascular events: a cohort study of 951 patients referred for elective coronary angiography”. (2012). *Journal of the American College of Cardiology*, 60(16), 1512–1520. doi: 10.1016/j.jacc.2012.07.019.

[18] Zingg, J., Ricciarelli, R. and Azzi, A. (2000), “Scavenger Receptors and Modified Lipoproteins: Fatal Attractions?”. *IUBMB Life*, 49, 397-403. doi:10.1080/152165400410245

[19] VAN BERKEL, T. J., VAN ECK, M. , HERIJGERS, N. , FLUITER, K. and NION, S. (2000), Scavenger Receptor Classes A and B: Their Roles in Atherogenesis and the Metabolism of Modified LDL and HDL. *Annals of the New York Academy of Sciences*, 902, 113-127. doi:10.1111/j.1749-6632.2000.tb06306.x

[20] Raines EW. “PDGF and cardiovascular disease”. (2004). *Cytokine & growth factor reviews*. 15(4), 237–254. doi: 10.1016/j.cytogfr.2004.03.004.

[21] Su Jin Kim, Su Yung Kim, Chae Hwa Kwon & Yong Keun Kim (2007) “Differential effect of FGF and PDGF on cell proliferation and migration in osteoblastic cells”. *Growth Factors*, 25(2), 77-86, doi:10.1080/08977190701398977

[22] RAINES, E. W., KOYAMA, H. and CARRAGHER, N. O. (2000). “The Extracellular Matrix Dynamically Regulates Smooth Muscle Cell Responsiveness to PDGF α ”. *Annals of the New York Academy of Sciences*, 902, 39-52. doi:10.1111/j.1749-6632.2000.tb06299.x

[23] Yabkowitz, R., Mansfield, P. J., Ryan, U. S. and Suchard, S. J. (1993). “Thrombospondin mediates migration and potentiates platelet-derived growth factor-dependent migration of calf pulmonary artery smooth muscle cells”. *J. Cell. Physiol.*, 157, 24-32. doi:10.1002/jcp.1041570104

[24] Libby, P. (2000). “Changing concepts of atherogenesis”. *Journal of Internal Medicine*, 247, 349-358. doi:10.1046/j.1365-2796.2000.00654.x

[25] Gong, J., Wang, X. Z., Wang, T., Chen, J. J., Xie, X. Y., Hu, H., ... Fan, H. D. (2017). “Molecular signal networks and regulating mechanisms of the unfolded protein response”. *Journal of Zhejiang University. Science. B*, 18(1), 1–14. doi:10.1631/jzus. B1600043

- [26] Linton, M. F., Babaev, V. R., Huang, J., Linton, E. F., Tao, H., & Yancey, P. G. (2016). “Macrophage Apoptosis and Efferocytosis in the Pathogenesis of Atherosclerosis”. *Circulation journal: official journal of the Japanese Circulation Society*, 80(11), 2259–2268. doi:10.1253/circj.CJ-16-0924
- [27] Tavora, Fabio, Cresswell, Nathaniel, Li, Ling, Fowler, David, & Burke, Allen. (2010). “Frequency of acute plaque ruptures and thin cap atheromas at sites of maximal stenosis”. *Arquivos Brasileiros de Cardiologia*, 94(2), 153-159. doi:10.1590/S0066-782X2010000200003
- [28] Crea, F., & Libby, P. (2017). “Acute Coronary Syndromes: The Way Forward From Mechanisms to Precision Treatment”. *Circulation*, 136(12), 1155–1166. doi:10.1161/CIRCULATIONAHA.117.029870
- [29] Pozo, E., Agudo-Quilez, P., Rojas-González, A., Alvarado, T., Olivera, M. J., Jiménez-Borreguero, L. J., & Alfonso, F. (2016). “Noninvasive diagnosis of vulnerable coronary plaque”. *World journal of cardiology*, 8(9), 520–533. doi:10.4330/wjc.v8.i9.520
- [30] Wilson, S. J., Newby, D. E., Dawson, D., Irving, J., & Berry, C. (2017). “Duration of dual antiplatelet therapy in acute coronary syndrome”. *Heart (British Cardiac Society)*, 103(8), 573–580. doi:10.1136/heartjnl-2016-309871
- [31] Wolska, A., Dunbar, R. L., Freeman, L. A., Ueda, M., Amar, M. J., Sviridov, D. O., & Remaley, A. T. (2017). “Apolipoprotein C-II: New findings related to genetics, biochemistry, and role in triglyceride metabolism”. *Atherosclerosis*, 267, 49–60. doi:10.1016/j.atherosclerosis.2017.10.025
- [32] Cheng, X., Yamauchi, J., Lee, S., Zhang, T., Gong, Z., Muzumdar, R., ... Dong, H. H. (2017). “APOC3 Protein Is Not a Predisposing Factor for Fat-induced Nonalcoholic Fatty Liver Disease in Mice”. *The Journal of biological chemistry*, 292(9), 3692–3705. doi:10.1074/jbc.M116.765917
- [33] Sfyri, P., & Matsakas, A. (2017). “Crossroads between peripheral atherosclerosis, western-type diet and skeletal muscle pathophysiology: emphasis on apolipoprotein E deficiency and peripheral arterial disease”. *Journal of biomedical science*, 24(1), 42. doi:10.1186/s12929-017-0346-8

- [34] Wisniewski, P. J., Dowden, R. A., & Campbell, S. C. (2019). “Role of Dietary Lipids in Modulating Inflammation through the Gut Microbiota”. *Nutrients*, *11*(1), 117. doi:10.3390/nu11010117
- [35] D'Aquila, T., Sirohi, D., Grabowski, J. M., Hedrick, V. E., Paul, L. N., Greenberg, A. S., ... Buhman, K. K. (2015). “Characterization of the proteome of cytoplasmic lipid droplets in mouse enterocytes after a dietary fat challenge”. *PLoS one*, *10*(5), e0126823. doi:10.1371/journal.pone.0126823
- [36] Rezhdo, O., Speciner, L., & Carrier, R. (2016). “Lipid-associated oral delivery: Mechanisms and analysis of oral absorption enhancement”. *Journal of controlled release: official journal of the Controlled Release Society*, *240*, 544–560. doi:10.1016/j.jconrel.2016.07.050
- [37] Psichas, A., Larraufie, P. F., Goldspink, D. A., Gribble, F. M., & Reimann, F. (2017). “Chylomicrons stimulate incretin secretion in mouse and human cells”. *Diabetologia*, *60*(12), 2475–2485. doi:10.1007/s00125-017-4420-2
- [38] Park, Y. M., Sui, X., Liu, J., Zhou, H., Kokkinos, P. F., Lavie, C. J., ... Blair, S. N. (2015). “The effect of cardiorespiratory fitness on age-related lipids and lipoproteins”. *Journal of the American College of Cardiology*, *65*(19), 2091–2100. doi:10.1016/j.jacc.2015.03.517
- [39] Huang, H., Cruz, W., Chen, J., & Zheng, G. (2014). “Learning from biology: synthetic lipoproteins for drug delivery”. *Wiley interdisciplinary reviews. Nanomedicine and nanobiotechnology*, *7*(3), 298–314. doi:10.1002/wnan.1308
- [40] Sips, F. L., Tiemann, C. A., Oosterveer, M. H., Groen, A. K., Hilbers, P. A., & van Riel, N. A. (2014). “A computational model for the analysis of lipoprotein distributions in the mouse: translating FPLC profiles to lipoprotein metabolism”. *PLoS computational biology*, *10*(5), e1003579. doi:10.1371/journal.pcbi.1003579
- [41] Toth P. P. (2016). “Triglyceride-rich lipoproteins as a causal factor for cardiovascular disease”. *Vascular health and risk management*, *12*, 171–183. doi:10.2147/VHRM.S104369

- [42] Hultin, M., Savonen, R., Chevreuil, O., & Olivecrona, T. (2013). “Chylomicron metabolism in rats: kinetic modeling indicates that the particles remain at endothelial sites for minutes”. *Journal of lipid research*, 54(10), 2595–2605. doi:10.1194/jlr.M032979
- [43] Fong, L. G., Young, S. G., Beigneux, A. P., Bensadoun, A., Oberer, M., Jiang, H., & Ploug, M. (2016). “GPIHBP1 and Plasma Triglyceride Metabolism”. *Trends in endocrinology and metabolism: TEM*, 27(7), 455–469. doi:10.1016/j.tem.2016.04.013
- [44] Doolittle, M. H., Ehrhardt, N., & Péterfy, M. (2010). “Lipase maturation factor 1: structure and role in lipase folding and assembly”. *Current opinion in lipidology*, 21(3), 198–203. doi:10.1097/MOL.0b013e32833854c0
- [45] Tiwari, S., Siddiqi, S., Zhelyabovska, O., & Siddiqi, S. A. (2016). “Silencing of Small Valosin-containing Protein-interacting Protein (SVIP) Reduces Very Low Density Lipoprotein (VLDL) Secretion from Rat Hepatocytes by Disrupting Its Endoplasmic Reticulum (ER)-to-Golgi Trafficking”. *The Journal of biological chemistry*, 291(24), 12514–12526. doi:10.1074/jbc.M115.705269
- [46] Fisher, E., Lake, E., & McLeod, R. S. (2014). “Apolipoprotein B100 quality control and the regulation of hepatic very low density lipoprotein secretion”. *Journal of biomedical research*, 28(3), 178–193. doi:10.7555/JBR.28.20140019
- [47] Jiang, X. C., Bruce, C., Mar, J., Lin, M., Ji, Y., Francone, O. L., & Tall, A. R. (1999). “Targeted mutation of plasma phospholipid transfer protein gene markedly reduces high-density lipoprotein levels”. *The Journal of clinical investigation*, 103(6), 907–914. doi:10.1172/JCI5578
- [48] Lee, H. C., Lin, H. T., Ke, L. Y., Wei, C., Hsiao, Y. L., Chu, C. S., ... Wu, B. N. (2016). “VLDL from Metabolic Syndrome Individuals Enhanced Lipid Accumulation in Atria with Association of Susceptibility to Atrial Fibrillation”. *International journal of molecular sciences*, 17(1), 134. doi:10.3390/ijms17010134
- [49] Goldstein, J. L., & Brown, M. S. (2015). “A century of cholesterol and coronaries: from plaques to genes to statins”. *Cell*, 161(1), 161–172. doi:10.1016/j.cell.2015.01.036

- [50] Li, J., Liang, X., Wang, Y., Xu, Z., & Li, G. (2017). “Investigation of highly expressed PCSK9 in atherosclerotic plaques and ox-LDL-induced endothelial cell apoptosis”. *Molecular medicine reports*, 16(2), 1817–1825. doi:10.3892/mmr.2017.6803
- [51] Guo, S., Lu, J., Zhuo, Y., Xiao, M., Xue, X., Zhong, S., ... Yin, H. (2018). “Endogenous cholesterol ester hydroperoxides modulate cholesterol levels and inhibit cholesterol uptake in hepatocytes and macrophages”. *Redox biology*, 21, 101069. doi:10.1016/j.redox.2018.101069
- [52] Yan, Z., Fu, B., He, D., Zhang, Y., Liu, J., & Zhang, X. (2018). “The relationship between oxidized low-density lipoprotein and related ratio and acute cerebral infarction”. *Medicine*, 97(39), e12642. doi:10.1097/MD.00000000000012642
- [53] Rosenson, R. S., Brewer, H. B., Jr, Davidson, W. S., Fayad, Z. A., Fuster, V., Goldstein, J., ... Yvan-Charvet, L. (2012). “Cholesterol efflux and atheroprotection: advancing the concept of reverse cholesterol transport”. *Circulation*, 125(15), 1905–1919. doi:10.1161/CIRCULATIONAHA.111.066589
- [54] Getz GS, Reardon CA. “Apoprotein E and Reverse Cholesterol Transport”. *Int J Mol Sci*. 2018 Nov 6;19(11):3479. doi: 10.3390/ijms19113479. PubMed PMID: 30404132; PubMed Central PMCID: PMC6275009.
- [55] Bartelt, A., John, C., Schaltenberg, N., Berbée, J., Worthmann, A., Cherradi, M. L., ... Heeren, J. (2017). “Thermogenic adipocytes promote HDL turnover and reverse cholesterol transport”. *Nature communications*, 8, 15010. doi:10.1038/ncomms15010
- [56] Estrada-Luna, D., Ortiz-Rodriguez, M. A., Medina-Briseño, L., Carreón-Torres, E., Izquierdo-Vega, J. A., Sharma, A., ... Betanzos-Cabrera, G. (2018). “Current Therapies Focused on High-Density Lipoproteins Associated with Cardiovascular Disease”. *Molecules (Basel, Switzerland)*, 23(11), 2730. doi:10.3390/molecules23112730
- [57] Wang, N., Lan, D., Chen, W., Matsuura, F., & Tall, A. R. (2004). “ATP-binding cassette transporters G1 and G4 mediate cellular cholesterol efflux to high-density lipoproteins”. *Proceedings of the National Academy of Sciences of the United States of America*, 101(26), 9774–9779. doi:10.1073/pnas.0403506101

- [59] Gursky O. (2015). “Structural stability and functional remodeling of high-density lipoproteins”. *FEBS letters*, 589(19 Pt A), 2627–2639. doi:10.1016/j.febslet.2015.02.028
- [60] Méndez-Lara, K. A., Farré, N., Santos, D., Rivas-Urbina, A., Metso, J., Sánchez-Quesada, J. L., ... Julve, J. (2019). “Human ApoA-I Overexpression Enhances Macrophage-Specific Reverse Cholesterol Transport but Fails to Prevent Inherited Diabetes in Mice”. *International journal of molecular sciences*, 20(3), 655. doi:10.3390/ijms20030655
- [61] Birrane, G., Beigneux, A. P., Dwyer, B., Strack-Logue, B., Kristensen, K. K., Francone, O. L., ... Meiyappan, M. (2018). “Structure of the lipoprotein lipase-GPIHBP1 complex that mediates plasma triglyceride hydrolysis”. *Proceedings of the National Academy of Sciences of the United States of America*, 116(5), 1723–1732. doi:10.1073/pnas.1817984116
- [62] Beigneux, A. P., Allan, C. M., Sandoval, N. P., Cho, G. W., Heizer, P. J., Jung, R. S., ... Young, S. G. (2019). “Lipoprotein lipase is active as a monomer”. *Proceedings of the National Academy of Sciences of the United States of America*, 116(13), 6319–6328. doi:10.1073/pnas.1900983116
- [63] Larsson, M., Allan, C. M., Jung, R. S., Heizer, P. J., Beigneux, A. P., Young, S. G., & Fong, L. G. (2017). “Apolipoprotein C-III inhibits triglyceride hydrolysis by GPIHBP1-bound LPL”. *Journal of lipid research*, 58(9), 1893–1902. doi:10.1194/jlr.M078220
- [64] Allan, C. M., Larsson, M., Jung, R. S., Ploug, M., Bensadoun, A., Beigneux, A. P., ... Young, S. G. (2016). “Mobility of “HSPG-bound” LPL explains how LPL is able to reach GPIHBP1 on capillaries”. *Journal of lipid research*, 58(1), 216–225. doi:10.1194/jlr.M072520
- [65] Sarrazin, S., Lamanna, W. C., & Esko, J. D. (2011). “Heparan sulfate proteoglycans”. *Cold Spring Harbor perspectives in biology*, 3(7), a004952. doi:10.1101/cshperspect.a004952
- [66] Geldenhuys, W. J., Lin, L., Darvesh, A. S., & Sadana, P. (2016). “Emerging strategies of targeting lipoprotein lipase for metabolic and cardiovascular diseases”. *Drug discovery today*, 22(2), 352–365. doi:10.1016/j.drudis.2016.10.007
- [67] Young, S. G., & Zechner, R. (2013). “Biochemistry and pathophysiology of intravascular and intracellular lipolysis”. *Genes & development*, 27(5), 459–484. doi:10.1101/gad.209296.112

- [68] Essaji, Y., Yang, Y., Albert, C. J., Ford, D. A., & Brown, R. J. (2013). “Hydrolysis products generated by lipoprotein lipase and endothelial lipase differentially impact THP-1 macrophage cell signalling pathways”. *Lipids*, 48(8), 769–778. doi:10.1007/s11745-013-3810-6
- [69] Holmes, R. S., Vandeberg, J. L., & Cox, L. A. (2011). “Comparative studies of vertebrate lipoprotein lipase: a key enzyme of very low density lipoprotein metabolism”. *Comparative biochemistry and physiology. Part D, Genomics & proteomics*, 6(2), 224–234. doi: 10.1016/j.cbd.2011.04.003
- [70] Bang, C. S., Kim, J. B., Park, S. H., Baik, G. H., Su, K. T., Yoon, J. H., ... Kim, D. J. (2016). “Clinical efficacy of serum lipase subtype analysis for the differential diagnosis of pancreatic and non-pancreatic lipase elevation”. *The Korean journal of internal medicine*, 31(4), 660–668. doi:10.3904/kjim.2015.007
- [71] Chatterjee, C., & Sparks, D. L. (2011). “Hepatic lipase, high density lipoproteins, and hypertriglyceridemia”. *The American journal of pathology*, 178(4), 1429–1433. doi: 10.1016/j.ajpath.2010.12.050
- [72] Wang, Z., Li, S., Sun, L., Fan, J., & Liu, Z. (2013). “Comparative analyses of lipoprotein lipase, hepatic lipase, and endothelial lipase, and their binding properties with known inhibitors”. *PloS one*, 8(8), e72146. doi: 10.1371/journal.pone.0072146
- [73] Imamura, S., Kobayashi, J., Nakajima, K., Sakasegawa, S., Nohara, A., Noguchi, T., ... Brunzell, J. D. (2008). “A novel method for measuring human lipoprotein lipase and hepatic lipase activities in postheparin plasma”. *Journal of lipid research*, 49(7), 1431–1437. doi:10.1194/jlr.M700528-JLR200
- [74] Schoonderwoerd, K., Verhoeven, A. J., & Jansen, H. (1994). “Rat liver contains a limited number of binding sites for hepatic lipase”. *The Biochemical journal*, 302 (Pt 3) (Pt 3), 717–722. doi:10.1042/bj3020717
- [75] Young, E. K., Chatterjee, C., & Sparks, D. L. (2009). “HDL-ApoE content regulates the displacement of hepatic lipase from cell surface proteoglycans”. *The American journal of pathology*, 175(1), 448–457. doi:10.2353/ajpath.2009.080989

- [76] Cholewski, M., Tomczykowa, M., & Tomczyk, M. (2018). “A Comprehensive Review of Chemistry, Sources and Bioavailability of Omega-3 Fatty Acids”. *Nutrients*, 10(11), 1662. doi:10.3390/nu10111662
- [77] Liu, J. J., Green, P., John Mann, J., Rapoport, S. I., & Sublette, M. E. (2014). “Pathways of polyunsaturated fatty acid utilization: implications for brain function in neuropsychiatric health and disease”. *Brain research*, 1597, 220–246. doi: 10.1016/j.brainres.2014.11.059
- [78] Song, Y. F., Tan, X. Y., Pan, Y. X., Zhang, L. H., & Chen, Q. L. (2018). “Fatty Acid β -Oxidation Is Essential in Leptin-Mediated Oocytes Maturation of Yellow Catfish *Pelteobagrus fulvidraco*”. *International journal of molecular sciences*, 19(5), 1457. doi:10.3390/ijms19051457
- [79] Rinaldi, M. A., Patel, A. B., Park, J., Lee, K., Strader, L. C., & Bartel, B. (2016). “The Roles of β -Oxidation and Cofactor Homeostasis in Peroxisome Distribution and Function in *Arabidopsis thaliana*”. *Genetics*, 204(3), 1089–1115. doi:10.1534/genetics.116.193169
- [80] Morrow, J. D., Awad, J. A., Boss, H. J., Blair, I. A., & Roberts, L. J., 2nd (1992). “Non-cyclooxygenase-derived prostanoids (F2-isoprostanes) are formed in situ on phospholipids”. *Proceedings of the National Academy of Sciences of the United States of America*, 89(22), 10721–10725. doi:10.1073/pnas.89.22.10721
- [81] Palinski, W., Rosenfeld, M. E., Ylä-Herttuala, S., Gurtner, G. C., Socher, S. S., Butler, S. W., ... Witztum, J. L. (1989). “Low density lipoprotein undergoes oxidative modification in vivo”. *Proceedings of the National Academy of Sciences of the United States of America*, 86(4), 1372–1376. doi:10.1073/pnas.86.4.1372
- [82] Fogelman, A. M., Shechter, I., Seager, J., Hokom, M., Child, J. S., & Edwards, P. A. (1980). “Malondialdehyde alteration of low density lipoproteins leads to cholesteryl ester accumulation in human monocyte-macrophages”. *Proceedings of the National Academy of Sciences of the United States of America*, 77(4), 2214–2218. doi:10.1073/pnas.77.4.2214
- [83] Huang, Y., Wu, Z., Riwanto, M., Gao, S., Levison, B. S., Gu, X., ... Hazen, S. L. (2013). “Myeloperoxidase, paraoxonase-1, and HDL form a functional ternary complex”. *The Journal of clinical investigation*, 123(9), 3815–3828. doi:10.1172/JCI67478

- [84] Khan, B. V., Parthasarathy, S. S., Alexander, R. W., & Medford, R. M. (1995). "Modified low density lipoprotein and its constituents augment cytokine-activated vascular cell adhesion molecule-1 gene expression in human vascular endothelial cells". *The Journal of clinical investigation*, 95(3), 1262–1270. doi:10.1172/JCI117776
- [85] Choi, S. H., Harkewicz, R., Lee, J. H., Boullier, A., Almazan, F., Li, A. C., ... Miller, Y. I. (2009). "Lipoprotein accumulation in macrophages via toll-like receptor-4-dependent fluid phase uptake". *Circulation research*, 104(12), 1355–1363. doi:10.1161/CIRCRESAHA.108.192880
- [86] Babaev, V. R., Li, L., Shah, S., Fazio, S., Linton, M. F., & May, J. M. (2010). "Combined vitamin C and vitamin E deficiency worsens early atherosclerosis in apolipoprotein E-deficient mice". *Arteriosclerosis, thrombosis, and vascular biology*, 30(9), 1751–1757. doi:10.1161/ATVBAHA.110.209502
- [87] López-Soldado, I., Avella, M., & Botham, K. M. (2009). "Differential influence of different dietary fatty acids on very low-density lipoprotein secretion when delivered to hepatocytes in chylomicron remnants". *Metabolism: clinical and experimental*, 58(2), 186–195. doi: 10.1016/j.metabol.2008.09.012

Appendix

Liver

1. Unsaturated triglyceride oxidation

Unsaturated triglyceride + [o] \longrightarrow oxidized triglyceride

2. Unsaturated cholesterol ester oxidation

Unsaturated cholesterol ester + [o] \longrightarrow oxidized cholesterol ester

3. Saturated triglyceride hydrolysis

Saturated triglyceride \longrightarrow 3 Saturated Fatty acids + Glycerol

4. Unsaturated triglyceride hydrolysis

Unsaturated triglyceride \longrightarrow 3 Unsaturated Fatty acids + Glycerol

5. Saturated cholesterol ester production

Cholesterol + Saturated Fatty acid \longrightarrow Saturated cholesterol ester

6. Unsaturated cholesterol ester production

Cholesterol + Unsaturated Fatty acid \longrightarrow Unsaturated cholesterol ester

7. MGA/DGA/TG balance

Fatty acid + Glycerol \longleftrightarrow Monoglyceride

Fatty acid + Monoglyceride \longleftrightarrow Diglyceride

Fatty acid + Diglyceride \longleftrightarrow Triglyceride

8. VLDL assembly

Triglyceride + Cholesterol ester + phospholipid + ApoB100 \longrightarrow VLDL

9. Beta-oxidation

Saturated Fatty acid \longrightarrow nAcetyl-CoA

Unsaturated Fatty acid \longrightarrow nAcetyl-CoA

10. Citric acid cycle

Acetyl-CoA \longrightarrow ATP

11. Mevalonate pathway

3Acetyl-CoA \longrightarrow Mevalonic acid

12. CETP transfer process

2Saturated triglyceride + Cholesterol ester loading CETP \longrightarrow Saturated triglyceride loading CETP + 2Cholesterol ester

2Unsaturated triglyceride + Cholesterol ester loading CETP \longrightarrow Unsaturated triglyceride loading CETP + 2Cholesterol ester

2Cholesterol ester + Saturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Saturated triglyceride

2Cholesterol ester + Unsaturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Unsaturated triglyceride

13. HDL formation

ApoA1 + Cholesterol \longrightarrow HDL

1.

$$-\frac{d[uTG]}{dt} = k * [o] * [uTG]$$

2.

$$-\frac{d[uCHE]}{dt} = k * [o] * [uCHE]$$

3.

$$-\frac{d[sTG]}{dt} = k * [sTG]$$

4.

$$-\frac{d[uTG]}{dt} = k * [uTG]$$

5.

$$-\frac{d[CH]}{dt} = k * [CH] * [sFFA]$$

6.

$$-\frac{d[CH]}{dt} = k * [CH] * [uFFA]$$

7.

$$\begin{aligned} -\frac{d[FFA]}{dt} &= k * [FFA] * [GLY] - k' * [MGA] \\ -\frac{d[MGA]}{dt} &= k * [FFA] * [MGA] - k' * [DGA] \\ -\frac{d[DGA]}{dt} &= k * [FFA] * [DGA] - k' * [TG] \end{aligned}$$

8.

$$\begin{aligned} -\frac{d[CE]}{dt} &= k * [CE] \\ -\frac{d[PL]}{dt} &= k * [PL] \\ -\frac{d[TG]}{dt} &= k * [TG] \\ -\frac{d[ApoB100]}{dt} &= k * [ApoB100] \end{aligned}$$

9.

$$\begin{aligned} -\frac{d[sFFA]}{dt} &= k * [sFFA] \\ -\frac{d[uFFA]}{dt} &= k * [uFFA] \end{aligned}$$

10.

$$-\frac{d[AcetylCoA]}{dt} = k * [AcetylCoA]$$

11.

$$-\frac{d[\text{AcetylCoA}]}{dt} = k * [\text{AcetylCoA}]^3$$

12.

$$-\frac{d[sTG]}{dt} = k * [CCETP] * [sTG]^2$$

$$-\frac{d[uTG]}{dt} = k * [CCETP] * [uTG]^2$$

$$-\frac{d[CE]}{dt} = k * [sTGCETP] * [CE]^2$$

$$-\frac{d[CE]}{dt} = k * [uTGCETP] * [CE]^2$$

13.

$$-\frac{d[CH]}{dt} = k * [CH]$$

Adipose Tissue

1. Unsaturated triglyceride oxidation

Unsaturated triglyceride + [o] \longrightarrow oxidized triglyceride

2. Unsaturated cholesterol ester oxidation

Unsaturated cholesterol ester + [o] \longrightarrow oxidized cholesterol ester

3. Saturated triglyceride hydrolysis

(LPL)

Saturated triglyceride \longrightarrow 3 Saturated Fatty acids + Glycerol

4. Unsaturated triglyceride hydrolysis

Unsaturated triglyceride \longrightarrow 3 Unsaturated Fatty acids + Glycerol

5. Saturated cholesterol ester production

Cholesterol + Saturated Fatty acid \longrightarrow Saturated cholesterol ester

6. Unsaturated cholesterol ester production

Cholesterol + Unsaturated Fatty acid \longrightarrow Unsaturated cholesterol ester

7. MGA/DGA/TG balance

Fatty acid + Glycerol \longleftrightarrow Monoglyceride

Fatty acid + Monoglyceride \longleftrightarrow Diglyceride

Fatty acid + Diglyceride \longleftrightarrow Triglyceride

8. Beta-oxidation

Saturated Fatty acid \longrightarrow nAcetyl-CoA

Unsaturated Fatty acid \longrightarrow nAcetyl-CoA

9. Citric acid cycle

Acetyl-CoA \longrightarrow ATP

10. CETP transfer process

2Saturated triglyceride + Cholesterol ester loading CETP \longrightarrow Saturated triglyceride loading CETP + 2Cholesterol ester

2Unsaturated triglyceride + Cholesterol ester loading CETP \longrightarrow Unsaturated triglyceride loading CETP + 2Cholesterol ester

2Cholesterol ester + Saturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Saturated triglyceride
2Cholesterol ester + Unsaturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Unsaturated triglyceride

11. HDL formation

ApoA1 + Cholesterol \longrightarrow HDL

1.

$$-\frac{d[uTG]}{dt} = k * [o] * [uTG]$$

2.

$$-\frac{d[uCHE]}{dt} = k * [o] * [uCHE]$$

3.

$$-\frac{d[sTG]}{dt} = k * [sTG]$$

4.

$$-\frac{d[uTG]}{dt} = k * [uTG]$$

5.

$$-\frac{d[CH]}{dt} = k * [CH] * [sFFA]$$

6.

$$-\frac{d[CH]}{dt} = k * [CH] * [uFFA]$$

7.

$$\begin{aligned} -\frac{d[FFA]}{dt} &= k * [FFA] * [GLY] - k' * [MGA] \\ -\frac{d[MGA]}{dt} &= k * [FFA] * [MGA] - k' * [DGA] \\ -\frac{d[DGA]}{dt} &= k * [FFA] * [DGA] - k' * [TG] \end{aligned}$$

8.

$$\begin{aligned} -\frac{d[sFFA]}{dt} &= k * [sFFA] \\ -\frac{d[uFFA]}{dt} &= k * [uFFA] \end{aligned}$$

9.

$$-\frac{d[AcetylCoA]}{dt} = k * [AcetylCoA]$$

10.

$$\begin{aligned} -\frac{d[sTG]}{dt} &= k * [CCETP] * [sTG]^2 \\ -\frac{d[uTG]}{dt} &= k * [CCETP] * [uTG]^2 \end{aligned}$$

$$-\frac{d[CE]}{dt} = k * [sTGCETP] * [CE]^2$$

$$-\frac{d[CE]}{dt} = k * [uTGCETP] * [CE]^2$$

11.
$$-\frac{d[CH]}{dt} = k * [CH]$$

Muscle

1. Unsaturated triglyceride oxidation

Unsaturated triglyceride + [o] \longrightarrow oxidized triglyceride

2. Unsaturated cholesterol ester oxidation

Unsaturated cholesterol ester + [o] \longrightarrow oxidized cholesterol ester

3. Saturated triglyceride hydrolysis

Saturated triglyceride \longrightarrow 3 Saturated Fatty acids + Glycerol

4. Unsaturated triglyceride hydrolysis

Unsaturated triglyceride \longrightarrow 3 Unsaturated Fatty acids + Glycerol

5. Saturated cholesterol ester production

Cholesterol + Saturated Fatty acid \longrightarrow Saturated cholesterol ester

6. Unsaturated cholesterol ester production

Cholesterol + Unsaturated Fatty acid \longrightarrow Unsaturated cholesterol ester

7. Beta-oxidation

Saturated Fatty acid \longrightarrow nAcetyl-CoA

Unsaturated Fatty acid \longrightarrow nAcetyl-CoA

8. Citric acid cycle

Acetyl-CoA \longrightarrow ATP

9. CETP transfer process

2Saturated triglyceride + Cholesterol ester loading CETP \longrightarrow Saturated triglyceride loading CETP + 2Cholesterol ester

2Unsaturated triglyceride + Cholesterol ester loading CETP \longrightarrow Unsaturated triglyceride loading CETP + 2Cholesterol ester

2Cholesterol ester + Saturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Saturated triglyceride

2Cholesterol ester + Unsaturated triglyceride loading CETP \longrightarrow Cholesterol ester loading CETP + 2Unsaturated triglyceride

10. HDL formation

ApoA1 + Cholesterol \longrightarrow HDL

1.

$$-\frac{d[uTG]}{dt} = k * [o] * [uTG]$$

2.

$$-\frac{d[uCHE]}{dt} = k * [o] * [uCHE]$$

3.

$$-\frac{d[sTG]}{dt} = k * [sTG]$$

4.

$$-\frac{d[uTG]}{dt} = k * [uTG]$$

5.

$$-\frac{d[CH]}{dt} = k * [CH] * [sFFA]$$

6.

$$-\frac{d[CH]}{dt} = k * [CH] * [uFFA]$$

7.

$$\begin{aligned} -\frac{d[sFFA]}{dt} &= k * [sFFA] \\ -\frac{d[uFFA]}{dt} &= k * [uFFA] \end{aligned}$$

8.

$$-\frac{d[AcetylCoA]}{dt} = k * [AcetylCoA]$$

9.

$$\begin{aligned} -\frac{d[sTG]}{dt} &= k * [CCETP] * [sTG]^2 \\ -\frac{d[uTG]}{dt} &= k * [CCETP] * [uTG]^2 \\ -\frac{d[CE]}{dt} &= k * [sTGCETP] * [CE]^2 \\ -\frac{d[CE]}{dt} &= k * [uTGCETP] * [CE]^2 \end{aligned}$$

10.

$$-\frac{d[CH]}{dt} = k * [CH]$$

Curriculum Vitae

Tiankai Zhang

3900 N. Charles Street 0311, Baltimore, MD, 21218 | 443-240-6658 | tzhang48@jhu.edu

Summary Statement

Chemical Engineering student with abundant research experience relevant to biochemistry field. Effective problem-resolver in biochemical aspect especially in metabolic biotechnology and pharmacology.

Education

University of Massachusetts, Amherst

Amherst, MA Bachelor of Science, Chemical Engineering (GPA 3.42)
January 2014 - May 2017 Concentration: Biochemical Engineering

Relevant Course: Probability, Statics, Calculus, Algebra, Math Modeling, Physical Chemistry, Kinetics and Reactor Designs, Thermodynamics, Fluid Mechanics, Heat and Mass Transfer, Separations, Organic Chemistry, Biochemistry for Chemists, Bioengineering, Process control, Process design, Tissue Engineering, Nanobiomaterials

Johns Hopkins University

Baltimore, MD Master of Science in Engineering, Chemical and Biomolecular Engineering
September 2017 - May 2019

Honor: ChemBE Master Second Year Scholarship (2018-2019)

Relevant Course: Advanced Thermodynamics, Metabolic system Biotechnology, Interfacial Science, Advanced Chemical Reaction, Transport Phenomena, Advanced Pharmacokinetics, Advanced Pharmacodynamics

Project Experience

University of Massachusetts, Amherst, Department of Chemical Engineering

Amherst, MA Bone Marrow Engineering Project
September 2015 - May 2016

- Created and developed multi-compartment tissue model via integrating separately constructed and optimized individual modules in a single platform
- Supervised the model creation process, collected data and tested stability of the model

University of Massachusetts, Amherst, Drug Delivery Lab

Amherst, MA Research Assistant
September 2015 - May 2016

- Created the *in vitro* devices that mimic the tissue surrounding blood vessels in tumors and enable measurement of diffusion, cell binding, and therapeutic outcome by understanding the integration of computational models, microfluidic devices, and animal models
- Organized lab instruments and utilized the software to collect lab data

Johns Hopkins University

Baltimore, MD Advanced Pharmacokinetics Project
September 2017 – May 2018

- In a three people team developed a model by MATLAB under multi-compartment environment to predict hepatic bioavailability with given pharmacokinetics parameters of drugs

Leadership and Activities

Heat Exchange Research Group in Senior Lab

Amherst, MA Team leader

September 2016-November 2016

- Distributed specific work to group members and integrated final results from research
- Made presentations and wrote final lab report

UMass Marching Band

Amherst, MA

Trombone player

January 2014-May 2015

- Attended the school sports marching openings and other activities that needed marching band performance

IPO (International Program Office)

Amherst, MA Volunteer

September 2016

- Participated in helping new students during International Orientation at the beginning of the semester

Technical Skills

Software: Microsoft Office Suit (Word, Excel, PowerPoint), MATLAB, Aspen, Simulink

Foreign Language: Chinese, Japanese